



CITY OF ONTARIO - FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION
 425 East B Street, Ontario, CA 91764
 Phone: (909) 395-2029 Fax: (909) 395-2585



OFF-HOUR INSPECTION REQUEST

Date: _____

To: Ontario Fire Department
 Bureau of Fire Prevention
 425 East B Street
 Ontario, CA 91764

Approved by	_____
Assigned to	_____
Hourly	_____
Start	_____
Finish	_____
Actual	_____

From: _____

Subject: Off-Hour Inspection Request

Job Address: _____

Request Inspection Date: _____ Time: _____

I would like to request an Off-Hour inspection of the above facility. I understand that an hourly rate will be accessed for this service with a minimum 2 hour charge at the Fire Officials hourly rate.

Name: _____

Address: _____

Phone: _____

Signature: _____

Electronic Signature

To the best of my knowledge, the information provided is true and correct as of the date submitted electronically.
Note: The City will require a signed copy of this application before the service is completed.

_____ Date